



Complete Summary

TITLE

Management of type 2 diabetes mellitus: percentage of patients who have had a screen for A1C in the past six months, an annual low-density lipoprotein (LDL) test, A1C value less than 7%, LDL less than 100, blood pressure less than 130/80, who don't use tobacco and are regularly using aspirin.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 79 p. [113 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Process

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients who have had a screen for A1C in the past six months, an annual low-density lipoprotein (LDL) test, A1C value less than 7%, LDL less than 100, blood pressure less than 130/80, who don't use tobacco and are regularly using aspirin.

RATIONALE

The priority aim addressed by this measure is to increase the percentage of patients with diabetes age 18 to 75 for whom recommended screening frequencies and ideal treatment goals are met.

PRIMARY CLINICAL COMPONENT

Diabetes mellitus; hemoglobin A1C; low-density lipoprotein (LDL)-cholesterol; blood pressure; tobacco; aspirin; clopidogrel; ticlopidine

DENOMINATOR DESCRIPTION

Number of adult patients with diabetes mellitus. Two options for defining the denominator are listed in the related "Denominator Inclusions/Exclusions" field of the Complete Summary.

NUMERATOR DESCRIPTION

Patients with diabetes from the denominator who meet ALL of the following criteria: screen for A1C and low-density lipoprotein (LDL), A1C less than 7%, LDL less than 100, blood pressure less than 130/80, don't use tobacco and who are regularly using aspirin, clopidogrel, or ticlopidine

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Management of type 2 diabetes mellitus.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age 18 to 75 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

- Seventy to seventy-five percent of adult patients with diabetes die of macrovascular disease--specifically coronary, carotid and/or peripheral vascular disease.
- Dyslipidemia is a known risk factor for macrovascular disease.
- Small density low-density lipoprotein (LDL)-cholesterol (more atherogenic) particles are increased in type 2 diabetes, and LDL-cholesterol itself may differ in people with diabetes compared with people without diabetes. Patients with diabetes develop more atherosclerosis than patients without diabetes with the same quantitative lipoprotein profiles.
- Uncontrolled hypertension is a major cardiovascular risk factor that also accelerates the progression of diabetic nephropathy.

EVIDENCE FOR BURDEN OF ILLNESS

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 79 p. [113 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Number of adult patients with diabetes mellitus. Two options for defining the denominator are listed in the "Denominator Inclusions/Exclusions" field.

It is understood that many medical groups will not have electronic access to an integrated database containing both visit data and lab data. In this case, manual identification of at least 20 members meeting the denominator definition will be necessary and the numerator data collected from the medical record.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of adult patients with diabetes mellitus. Two options for defining the denominator are listed below:

- Definition 1

Patients 18 years or older with a primary, secondary, or tertiary diagnosis of diabetes (International Classification of Diseases, Ninth Revision [ICD-9] code 250.xx). Established patients with diabetes should be included. This requires

both a visit in the target month AND a diabetic visit in a window of 12 to 24 months before the target month. Both types 1 and 2 are included*.

- Definition 2

Patients ages 18 to 75 continuously enrolled for the last 12 months AND

- a. two or more ambulatory visits or one acute inpatient or emergency room visit with a primary or secondary diagnosis of diabetes* in the last 12 months: 250.xx, 362.0x (diabetic retinopathy), 366.41 (diabetic cataract), 357.2x (polyneuropathy in diabetes), or 648.0 (pregnancy excludes gestational diabetes), OR
- b. one or more prescriptions for insulin in the last 12 months (coding is available on disk from either Institute for Clinical Systems Improvement [ICSI] or from the National Committee for Quality Assurance [NCQA] Web site [NCQA.org]): regular insulin, NPH, Lente**, Lispro, Humulin, 70/30, 75/25, 50/50, Novolin, Ultralente**, Glargine, Aspart, Multiple Daily Injections or Continuous Subcutaneous Infusion of Insulin, Insulin Pump, Insulin Pen, Semilente, Novolin, Penfill, Velosulin, Humalog, OR
- c. one or more prescriptions for oral agents in the last 12 months (coding is available on disk from either ICSI or from the NCQA.org Web site): Acarbose, Miglitol/Glycet, Amaryl, Diabeta, Diabinese, Glimepiride, Glipizide, Glipizide XL, Glucophage, Glucotrol, Glucotrol XL, Glyburide, Glynase, Metformin, Micronase, Prandin, Starlix, Glucovance, Repaglinide, Precose, Tolazamide, Tolamide, Tolbutamide, Tolinase, Rosiglitazone, Pioglitazone.

*Note: Both types 1 and 2 are included in both measures listed here, while the guideline (Refer to the related National Guideline Clearinghouse [NGC] summary of the Institute for Clinical Systems Improvement [ICSI] guideline [Management of Type 2 Diabetes Mellitus](#).) is focused on type 2 diabetes. The inclusion of type 1 diabetes in the measures is for administrative ease, as many medical groups will not be able to determine this relatively small percentage of patients with type 1 diabetes from standard coding.

**Note: According to the guideline (Refer to the related NGC summary of the ICSI guideline [Management of Type 2 Diabetes Mellitus](#).), Lente and Ultralente are no longer being manufactured.

Exclusions
Unspecified

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients with diabetes from the denominator who meet ALL of the following criteria: screen for A1C and low-density lipoprotein (LDL), A1C less than 7%, LDL less than 100, blood pressure less than 130/80, don't use tobacco and who are regularly using aspirin, clopidogrel, or ticlopidine

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

Laboratory data

Medical record

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Clinical Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients who have had a screen for A1C in the past six months, an annual LDL test, A1C value less than 7%, LDL less than 100, blood pressure less than 130/80, who don't use tobacco and are regularly using aspirin.

MEASURE COLLECTION

[Management of Type 2 Diabetes Mellitus Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Nov

REVISION DATE

2005 Nov

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 70 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Nov. 79 p. [113 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients who have had a screen for A1C in the past six months, an annual LDL test, A1C value less than 7%, LDL less than 100, blood pressure less than 130/80, who don't use tobacco and are regularly using aspirin," is published in "Health Care Guideline: Management of Type 2 Diabetes Mellitus." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on July 6, 2004. This NQMC summary was updated by ECRI on January 31, 2005 and again on December 30, 2005.

COPYRIGHT STATEMENT

This NQMC summary (abstracted Institute for Clinical Systems Improvement [ICSI] Measure) is based on the original measure, which is subject to the measure developer's copyright restrictions.

The abstracted ICSI Measures contained in this Web site may be downloaded by any individual or organization. If the abstracted ICSI Measures are downloaded by an individual, the individual may not distribute copies to third parties.

If the abstracted ICSI Measures are downloaded by an organization, copies may be distributed to the organization's employees but may not be distributed outside of the organization without the prior written consent of the Institute for Clinical Systems Improvement, Inc.

All other copyright rights in the abstracted ICSI Measures are reserved by the Institute for Clinical Systems Improvement, Inc. The Institute for Clinical Systems Improvement, Inc. assumes no liability for any adaptations or revisions or modifications made to the abstracts of the ICSI Measures.

© 2006 National Quality Measures Clearinghouse

Date Modified: 9/25/2006



